









**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

**STEPHEN MCCOLLUM, *et al.*,**  
***Plaintiffs,***

**v.**

**BRAD LIVINGSTON, *et al.*,**  
***Defendants.***

§  
§  
§  
§  
§  
§  
§  
§  
§

**CIVIL NO. 4:14-CV-3253**

**Exhibit 46**

**AFFIDAVIT****THE STATE OF TEXAS**§  
§  
§**COUNTY OF WALKER**

BEFORE ME, the undersigned authority, personally appeared **Devoriah Nauls**, who, being by me duly sworn, deposed as follows:

"My name is **Devoriah Nauls**, and I am over the age of eighteen (18), of sound mind, competent and capable of making this affidavit, and personally acquainted with the facts herein stated:

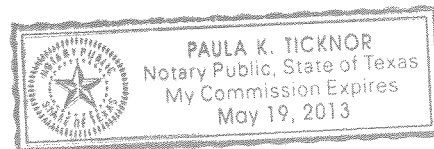
I am the Correctional Clinical Associate at The University of Texas Medical Branch - Correctional Managed Care, Health Services Archives and my office is located in Huntsville, Texas. In this capacity, I am the individual who can authenticate and certify as official, copies of medical records at the **TDCJ Health Services Archives**. Attached hereto are **343** pages of records, time period **July 1, 2002** to **January 15, 2004** and **July 15, 2011** to **July 28, 2011** from the medical records of **Larry G. McCollum**, **TDCJ # 1721640**. These said records are kept in the regular course of business by an employee or representative of UTMB-Correctional Managed with knowledge of the act, event, condition, opinion or diagnosis, recorded or to transmit information thereof to be included in such record; and the record was made at or near the time or reasonably soon thereafter. The records attached hereto are the original or exact duplicates of the original medical records maintained by **TDCJ Health Services Archives**".

*Devoriah Nauls*  
Devoriah Nauls

State of Texas,  
County of Walker

Before Me Paula K. Ticknor on this day personally appeared Devoriah Nauls, known to me through her Texas Driver's License to be the person whose name is subscribed to the foregoing instrument and acknowledge to me that she executed the same for the purpose and consideration therein expressed.

Given under my hand and seal of office this 12<sup>th</sup> day of July, A.D., 2012



3

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES****SKYVIEW PSYCHIATRIC FACILITY  
PSYCHIATRIC EVALUATION****OFFENDER NAME: McCOLLUM, LARRY GENE****TDCJ#: 1105538****IDENTIFYING DATA:****DOB: 04-04-53****DATE OF ADMISSION: 12-01-03****AGE/RACE: 50 y/o White male.****EXAMINER: B. Meharry, MSN, RN, CS, PMH-NP.****DATE OF EXAMINATION: 12-03-03/1400.****REASON FOR ADMISSION:**

The patient was referred here from the Cole Unit by Mr. Dorsett, LBSW secondary to, "Patient was waiting on ride to go to Daddy's funeral, decreased hygiene, and disorientation." He was referred from Skyview Crisis Management into D&E with an AXIS I Diagnosis of R/O Dementia of the Alzheimer's Type, Uncomplicated, and on the following psychoactive medication: Fluoxetine 20 mg. p.o. q. h.s., Cogentin 2 mg. p.o. q. h.s., and Benadryl 25 mg. p.o. q. h.s. The patient was advised of the purpose of this examination, the limits of confidentiality, and informed consent. He verbalized understanding and agreed to participate.

**CHIEF COMPLAINTS:**

"I was getting confused about a few things, like, I didn't know what date it was."

**PAST PERTINENT PSYCHIATRIC HISTORY:**

The patient did not begin receiving any freeworld psychiatric treatment until 2001, when he first encountered his legal difficulties. He was treated with Zoloft for symptoms of depression at the MHMR center in Waco, Texas. There is no freeworld history of suicidal attempts/gestures, self-injurious behaviors, or anger-management problems. His substance abuse history included the use of alcohol, methamphetamines, and cocaine. With no known history of treatment for his substance abuse. There is no known familial history of mental illness or chemical dependency. There is no history of a juvenile record. While at the McClendon County Jail awaiting transfer to TDCJ-ID, he was diagnosed with Depression and was treated with Zoloft 100 mg. p.o. q. am.

This is the first incarceration for this patient who was received at TDCJ-ID on 07-01-02, where he is serving a 20-month sentence for Theft, Over \$1500. Upon receipt to the prison system, he told the Responsible Psychologist that he had been having difficulty coping with the death of his brother, who died five years ago and the death of his father, who died April of 2003. He became depressed and spent \$12,000. on various items and gambling. This led to his arrest and conviction. He also acknowledged that he had a problems with gambling, sex, and alcohol. He stated that his drinking escalated in 1983, following a divorce. He admits to three arrests for DWI. Although he has never been to Rehab, he relates that he entered a "Detox" center for 10 days in 1987. He also relates that he had some "minor" involvement with Alcoholic Anonymous. At the time, he also reported that he considered himself to be very co-dependent, expressed concern about his welfare upon release from prison as he has no place to live, was worried about the future, and had problems keeping his mind off things that depress him. Although he denied any current suicidal ideations or intent, he admitted that he sometimes believed that he had no real purpose for living. He often felt hopeless and lacked motivation, reported fluctuating appetite, erratic sleep pattern and a recent 30 lbs weight loss. There was no evidence of psychotic symptoms. On 07-02-02, he was seen by the attending psychiatrist where he received an AXIS I Diagnosis of Major Depressive Disorder, Recurrent. He was placed on Zoloft 100 mg. p.o. q. am. A few months later it was noted that he was doing well on Zoloft and wanted to continue his medication regimen. He was 100 percent compliant. He also related that he was experiencing feeling "jumpy". On 12-11-02, he was seen by another psychiatrist, where he reported not only a history of depression, but problems with anxiety. His AXIS I Diagnosis remained Major Depression. He was switched to Nortriptyline 25 mg. p.o. q. h.s. Several days later, he complained of still experiencing "jumpy legs" at bedtime. His Nortriptyline was increased to 50 mg. p.o. q. h.s. On 01-08-03, he complained that he was unable to sleep. His Nortriptyline was increased to 75 mg. p.o.

Page 1 of 3

**SCANNED**

Scanned by SEYMORE, BECKY in facility SKYVIEW on 12/05/2003 12:00

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES****SKYVIEW PSYCHIATRIC FACILITY  
PSYCHIATRIC EVALUATION****OFFENDER NAME: McCOLLUM, LARRY GENE****TDCJ#: 1105538**

q. h.s. Shortly thereafter, he was referred to Skyview Crisis Management secondary to, threatening suicide. He was discharged back to his unit of assignment, with no change in his diagnosis or medication regimen. He continued to complain of feeling depressed, so his Nortriptyline was increased to 100 mg. p.o. q. h.s. On 04-15-03, he presented as decompensating. He was easily irritated and exhibited poor hygiene and disorganized thoughts. He continued to complain of feeling anxious. He was diagnosed with Anxiety Disorder, NOS and Depressive Disorder, Due To Alcohol and Drugs. He was placed on Haldol 10 mg. p.o. b.i.d., Benadryl 25 mg. p.o. b.i.d., and Prozac 20 mg. p.o. q. am.

More recently, on 09-17-03, he was seen by yet another attending psychiatrist, where he received an AXIS I Diagnosis of Major Depression With Psychotic Features. He continued on the same medication regimen of: Haldol 5 mg. p.o. q. h.s., Benadryl 25 mg. p.o. q. h.s., and Prozac 20 mg. p.o. q. h.s. On 11-24-03, he was seen by the MHS at cellside. He seemed disoriented, was difficult to understand, and related that he was waiting for a ride to go to his Dad's funeral. He was disheveled and exhibited poor hygiene. After consulting with Dr. Reddy, it was determined that he should be referred to Skyview Crisis Management for evaluation and determination of his treatment needs. Upon receipt to the Skyview Unit, he told the admitting RN that he was feeling depressed because a male voice was telling him to hurt himself or others. Objectively, he was observed to be alert, spontaneous, and although he was oriented in general, he was unaware that the day before had been the holiday (Thanksgiving). He seemed "somewhat" confused. Currently, he reports difficulty sleeping, but appetite is "good." He described his mood as "good." He denied any current suicidal ideations or intent. He voiced no complaints regarding side effects from his current medication regimen, but he did complain of difficulty sleeping, blurred vision, and difficulty starting to urinate.

**PERTINENT MEDICAL HISTORY:**

The patient has a history of chronic lower back pain. He has no known drug allergies. There is no known past history of head trauma, loss of consciousness, seizures, blackouts, or chronic headaches.

**PERTINENT PHYSICAL FINDINGS:**

**VITAL SIGNS:** TEMP: 98; PULSE: 130; RESP: 20; BP: 184/88.

**HT:** 70 in. **WT:** 218 lbs.

**LABORATORY INDICES/X-RAYS/OTHER PERTINENT DIAGNOSTIC STUDIES:**

CHEM 12 of 07-08-02 showed decreased glucose and elevated uric acid, decreased albumin; liver function test of 07-08-02 was within normal limits; lipid panel of 07-08-02 showed increased triglycerides, decreased HDL cholesterol and increased VLDL cholesterol; CBC with differential and platelet count of 07-08-02 showed decreased RBCs; TSH of 07-08-02 was within normal limits; T4 of 07-08-02 was decreased; T3 of 07-08-02 was within normal limits; FREE thyroxin index of 07-08-02 was decreased; PSA of 07-08-02 was within normal limits; Helicobacter pylori, IgG of 07-08-02 was positive; HIV-1-ABS of 07-02-02 was nonreactive; RPR of 07-02-02 was nonreactive.

There are no chest x-rays. X-ray of lumbar spine of 12-16-02 was within normal limits; x-ray of right knee of 12-16-02 showed some arthritic changes; x-ray of left knee of 12-16-02 showed minimal early articular marginal spurring; EKG of 07-02-03 showed normal sinus rhythm and was considered a normal EKG.

**GENERAL DESCRIPTION:** Well-developed, well-nourished, overweight, White male in no obvious acute physical distress. A complete physical examination was not performed at this time, due to the locked down status of the facility. A cursory visual examination revealed the following:

**HEENT:** EYES: no nystagmus; NOSE: no drainage.

**SKIN:** Nonicteric. Appears to be grossly intact.

**EXTREMITIES:** No cyanosis, clubbing or edema.

**NEUROLOGICAL EXAMINATION:** Cranial nerves II through XII appear to be grossly intact. **SENSORY:** grossly intact. **MOTOR:** good ROM in all extremities. **CEREBELLAR:** Steady gait with no ataxia. **AIMS:** negative.

**ASSESSMENT:** Possible Abnormal Laboratory Indices, Abnormal Cardiac Panel, and Elevated Systolic Pressure.

Page 2 of 3

Scanned by SEYMORE, BECKY in facility SKYVIEW on 12/05/2003 12:00

**TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
MENTAL HEALTH SERVICES****SKYVIEW PSYCHIATRIC FACILITY  
PSYCHIATRIC EVALUATION****OFFENDER NAME: McCOLLUM, LARRY GENE****TDCJ#: 1105538****MENTAL STATUS EXAMINATION:**

The patient was seen at cellside, due to the locked down status of the facility. He was dressed in a prison attire and was unshaven, but adequately clean. He appeared older than his stated age. He was alert, made good eye contact, and was cooperative. Psychomotor activity was calm. Speech was spontaneous, rate was within normal limits. Mood was appropriate to the situation. Affect was congruent with mood, range was reactive. No hallucinations were elicited at this time. Thought content was negative for suicidal or homicidal ideations or intent. He expressed no delusions and unusual thinking. Thought processes were coherent, logical, and goal-directed. Patient is grossly oriented X4. His remote and recent memory is grossly intact. His attention and concentration is intact. His intelligence is estimated to be in the average range. Insight and judgement are good.

**SUMMARY OF FINDINGS:**

This patient presents with no prior psychiatric history, until he encountered his legal difficulties and went through the stressors of losing some family members. There is also a history of excessive alcohol use. Currently, there are no abnormalities in cognition, thought content, thought processes, nor evidence of hallucinations. There is no major mood disturbance. I believe that his sleep disturbance is most likely due to the schedule that he is receiving Prozac. It may be too activating for him to receive it at night. Although he has no history of hypertension, his cardiac panel was significantly abnormal and there is a familial history of hypertension and diabetes. Given this patient's age and family history, it is possible that he may have experienced a transient ischemia attack (TIA). This would certainly need to be ruled out. At this time, I see no evidence of suicidal ideations or intent, nor is there a recent past history to indicate that he would be at high risk for engaging in self-injurious behaviors.

**DSM-IV DIAGNOSIS:**

**AXIS: I:** 311. Depressive Disorder, NOS.  
293.9 R/O Mental Disorder, NOS, Due to Possible Cardiovascular Problems.  
**AXIS II:** Deferred.  
**AXIS III:** Chronic Low-Back Pain; R/O Cardiovascular Problems. NKDA.  
**AXIS IV:** Problems related to interaction with the legal system: incarceration.  
**AXIS V:** Problems due to primary support group: recent death of a family member.  
GAF: 55.

**RECOMMENDATIONS/INTERVENTIONS:**

Prozac 20 mg. p.o. q. am and Trazodone 100 mg. p.o. q. pm X14 days, then D/C. Discontinue Cogentin and Benadryl. Educated patient regarding side effects, risks, and possible benefits with the use of Prozac and Trazodone. Patient consents and agrees with the treatment plan. I believe that this patient could benefit from the programming in the Mood Disorder Treatment Track to help him learn some coping skills, in order to better plan his future.

**PROGNOSIS:** Uncertain at this time.**SIGNATURE/DATE:**

*B. Meaharry, MSN, RN, CS, PMH-NP* 12-5-03  
B. Meaharry, MSN, RN, CS, PMH-NP/Date 0745  
Transcribed: 12-04-03/12/mlr

Scanned by GANTT, DEBRA J in facility COLE on 01/13/2004 10:15

JSA8830 /CLM1/HS09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATION09:53:  
01/09/20NAME: MCCOLLUM, LARRY GENE  
TDCJ#: 01105538 SID#: 03950494  
UNIT: B HOUSING: K1-006  
JOB: JC UTILITY WORK SQUAD 05DOB: 04/04/1953 P U I L H E S  
WGT: 290 LBS  
HGT: 0'00" ! 3 ! ! 2 ! ! ! ! 1 ! 3 !  
! E ! A ! B ! A ! A ! N !  
! P ! ! P ! ! ! T !  
-----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☐ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☒ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
 SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? X YES  
 SUITABLE FOR SAIP FACILITY? X YES

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
 PATIENT WITH LIKE MEDICAL CONDITION  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED  
☐ 2. PSYCHIATRICAL UNASSIGNED  
☐ 3. SEDENTARY WORK ONLY  
☐ 4. FOUR HOUR WORK RESTRICTION  
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION  
☐ 6. EXCUSE FROM SCHOOL  
☐ 7. LIMITED STANDING  
☐ 8. NO WALKING > \_\_\_ YARDS  
☐ 9. NO LIFTING > \_\_\_ LBS.  
☐ 10. NO BENDING AT WAIST  
☐ 11. NO SQUATTING  
☐ 12. NO CLIMBING  
☐ 13. LIMITED SITTING  
☐ 14. NO REACHING OVER SHOULDER  
☐ 15. NO FOOD SERVICE  
☐ 16. NO REPETITIVE USE OF HANDS  
☐ 17. NO WALKING ON WET UNEVEN SURFACES  
☐ 18. DO NOT ASSIGN TO MEDICAL  
☒ 19. NO WORK IN DIRECT SUNLIGHT  
☒ 20. NO TEMPERATURE EXTREMES  
☒ 21. NO HUMIDITY EXTREMES  
☐ 22. NO EXPOSURE TO ENVIRONMENTAL POLLUTANT  
☐ 23. NO WORK WITH CHEMICALS OR IRRITANTS  
☐ 24. NO WORK REQUIRING SAFETY BOOTS  
☐ 25. NO WORK AROUND MACHINES WITH MOVING PA  
☐ 26. NO WORK EXPOSURE TO LOUD NOISES  
☐ 27. NO WORK REQUIRING COMPLEX INSTRUCTION

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS  
☒ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION  
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☐ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☒ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. EMS AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

S. REDDY, M.D. PSYCHIATRI 01/09/2004  
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

HSM-18 (REV. 07/01)

*ordered*  
*1/8/04*



Scanned by THOMPSON, MURVEL J in facility SKYVIEW on 12/24/2003 09:08

08:54:21  
12/24/2003NAME: MCCOLLUM, LARRY GENE  
TDCJ#: 01105538 SID#: 03950494  
UNIT: SV HOUSING: 5A1-03  
JOB: UNASGN MENTAL HEALTHDOB: 04/04/1953 P U L H E S  
WGT: 290 LBS  
HGT: 0'00" 1311211141  
E1A1B1A1A1P1  
P1 P1 11T1

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☐ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☒ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
 SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? X YES ☐ NO  
 SUITABLE FOR SAIP FACILITY? X YES ☐ NO

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- X ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
 PATIENT WITH LIKE MEDICAL CONDITION  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- X ☒ 1. NO RESTRICTION  
☐ 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- X ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED  
☐ 2. PSYCHIATRICAL UNASSIGNED  
☐ 3. SEDENTARY WORK ONLY  
☐ 4. FOUR HOUR WORK RESTRICTION  
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION  
☐ 6. EXCUSE FROM SCHOOL  
☐ 7. LIMITED STANDING  
☐ 8. NO WALKING > ☐ YARDS  
☐ 9. NO LIFTING > ☐ LBS.  
☐ 10. NO BENDING AT WAIST  
☐ 11. NO SQUATTING  
☐ 12. NO CLIMBING  
☐ 13. LIMITED SITTING  
☐ 14. NO REACHING OVER SHOULDER  
☐ 15. NO FOOD SERVICE  
☐ 16. NO REPETITIVE USE OF HANDS  
☐ 17. NO WALKING ON WET UNEVEN SURFACES  
☐ 18. DO NOT ASSIGN TO MEDICAL  
☒ 19. NO WORK IN DIRECT SUNLIGHT  
☒ 20. NO TEMPERATURE EXTREMES  
☒ 21. NO HUMIDITY EXTREMES  
☐ 22. NO EXPOSURE TO ENVIRONMENTAL POLLUTANTS  
☐ 23. NO WORK WITH CHEMICALS OR IRRITANTS  
☐ 24. NO WORK REQUIRING SAFETY BOOTS  
☐ 25. NO WORK AROUND MACHINES WITH MOVING PARTS  
☐ 26. NO WORK EXPOSURE TO LOUD NOISES  
☐ 27. NO WORK REQUIRING COMPLEX INSTRUCTIONS

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS  
☒ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION  
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☐ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☒ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- X ☒ A. NO RESTRICTION  
☐ B. EMS AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

MEHARRY RNNP 12/24/2003  
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

HSM-18 (REV. 07/01)



MTH7775 /SV22/HS06

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATION:21  
2003NAME: MCCOLLUM, LARRY GENE  
TDCJ#: 01105538 SID#: 03950494  
UNIT: SV HOUSING: 5A1-03  
JOB: UNASGN MENTAL HEALTHDOB: 04/04/1953 P U L H E S  
WGT: 290 LBS -----  
HGT: 0'00" |3|1|2|1|1|4|  
|E|A|B|A|A|P|  
|P| |P| | |T|  
-----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☐ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☒ D. PSYCHIATRIC CARE FACILITY
- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
 SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? X YES ☐ NO  
 SUITABLE FOR SAIP FACILITY? X YES ☐ NO

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
PATIENT WITH LIKE MEDICAL CONDITION)  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED  
☐ 2. PSYCHIATRICAL UNASSIGNED  
☐ 3. SEDENTARY WORK ONLY  
☐ 4. FOUR HOUR WORK RESTRICTION  
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION  
☐ 6. EXCUSE FROM SCHOOL  
☐ 7. LIMITED STANDING  
☐ 8. NO WALKING > \_\_\_\_\_ YARDS  
☐ 9. NO LIFTING > \_\_\_\_\_ LBS.  
☐ 10. NO BENDING AT WAIST  
☐ 11. NO SQUATTING  
☐ 12. NO CLIMBING  
☐ 13. LIMITED SITTING  
☐ 14. NO REACHING OVER SHOULDER
- ☐ 15. NO FOOD SERVICE  
☐ 16. NO REPETITIVE USE OF HANDS  
☐ 17. NO WALKING ON WET UNEVEN SURFACES  
☐ 18. DO NOT ASSIGN TO MEDICAL  
☒ 19. NO WORK IN DIRECT SUNLIGHT  
☒ 20. NO TEMPERATURE EXTREMES  
☒ 21. NO HUMIDITY EXTREMES  
☐ 22. NO EXPOSURE TO ENVIRONMENTAL POLLUTANTS  
☐ 23. NO WORK WITH CHEMICALS OR IRRITANTS  
☐ 24. NO WORK REQUIRING SAFETY BOOTS  
☐ 25. NO WORK AROUND MACHINES WITH MOVING PARTS  
☐ 26. NO WORK EXPOSURE TO LOUD NOISES  
☐ 27. NO WORK REQUIRING COMPLEX INSTRUCTIONS

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS  
☒ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION  
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☐ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☒ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. EMS AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

MEHARRY RNNP 12/24/2003  
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

HSM-18 (REV. 07/01)



CRAS830 /CLM1/HS05

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATION

04

NAME: MCCOLLUM, LARRY GENE  
TDCJ#: 01105538 SID#: 03950494  
UNIT: CL HOUSING: J1-016  
JOB: JC UTILITY WORK SQUAD 05

DOB: 04/04/1953  
WGT: 290 LBS  
HGT: 0'00"

P U B L I C  
-----  
!3!1!2!1!1!3!  
!E!A!B!A!A!N!  
!P! !P! ! !T!  
-----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☐ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? ☒  
SUITABLE FOR SAIP FACILITY? ☐

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
PATIENT WITH LIKE MEDICAL CONDITION  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> 1. MEDICALLY UNASSIGNED               | <input type="checkbox"/> 15. NO FOOD SERVICE                   |
| <input type="checkbox"/> 2. PSYCHIATRICAL UNASSIGNED           | <input type="checkbox"/> 16. NO REPETITIVE USE OF HANDS        |
| <input type="checkbox"/> 3. SEDENTARY WORK ONLY                | <input type="checkbox"/> 17. NO WALKING ON WET UNEVEN SURFACES |
| <input type="checkbox"/> 4. FOUR HOUR WORK RESTRICTION         | <input type="checkbox"/> 18. DO NOT ASSIGN TO MEDICAL          |
| <input type="checkbox"/> 5. FOUR HOUR LIMITED WORK RESTRICTION | <input type="checkbox"/> 19. NO WORK IN DIRECT SUNLIGHT        |
| <input type="checkbox"/> 6. EXCUSE FROM SCHOOL                 | <input type="checkbox"/> 20. NO TEMPERATURE EXTREMES           |
| <input type="checkbox"/> 7. LIMITED STANDING                   | <input type="checkbox"/> 21. NO HUMIDITY EXTREMES              |
| <input type="checkbox"/> 8. NO WALKING > ___ YARDS             | <input type="checkbox"/> 22. NO EXPOSURE TO ENVIRONMENTAL POLL |
| <input type="checkbox"/> 9. NO LIFTING > ___ LBS.              | <input type="checkbox"/> 23. NO WORK WITH CHEMICALS OR IRRITAN |
| <input type="checkbox"/> 10. NO BENDING AT WAIST               | <input type="checkbox"/> 24. NO WORK REQUIRING SAFETY BOOTS    |
| <input type="checkbox"/> 11. NO SQUATTING                      | <input type="checkbox"/> 25. NO WORK AROUND MACHINES WITH MOVI |
| <input type="checkbox"/> 12. NO CLIMBING                       | <input type="checkbox"/> 26. NO WORK EXPOSURE TO LOUD NOISES   |
| <input type="checkbox"/> 13. LIMITED SITTING                   | <input type="checkbox"/> 27. NO WORK REQUIRING COMPLEX INSTRU  |
| <input type="checkbox"/> 14. NO REACHING OVER SHOULDER         |  |

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS  
☒ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY A  
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☒ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☐ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. EMS AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

MARIE BLACK, CNRP HEALTH APT 04/21/2003  
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

CLM-18 (REV. 07/01)

APPENDIX 1417

McCollum 05733



JSA8830 /CLM1/HS06

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATION

03

NAME: MCCOLLUM, LARRY GENE  
 TDCJ#: 01105538 SID#: 03950494  
 UNIT: CL HOUSING: J1-016  
 JOB: JC UTILITY WORK SQUAD 05

DOR: 04/04/1953 P U L H E S  
 WGT: 290 LBS  
 HGT: 0'00" 13!1!2!1!1!13!  
 !E!A!B!A!A!N!  
 !P! !P! ! !T!  
 -----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☐ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
 SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? X  
 SUITABLE FOR SAIP FACILITY? X

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
 PATIENT WITH LIKE MEDICAL CONDITION)  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED  
☐ 2. PSYCHIATRICAL UNASSIGNED  
☐ 3. SEDENTARY WORK ONLY  
☐ 4. FOUR HOUR WORK RESTRICTION  
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION  
☐ 6. EXCUSE FROM SCHOOL  
☐ 7. LIMITED STANDING  
☒ 8. NO WALKING > 800 YARDS  
☒ 9. NO LIFTING > 050 LBS.  
☐ 10. NO BENDING AT WAIST  
☐ 11. NO SQUATTING  
☒ 12. NO CLIMBING  
☐ 13. LIMITED SITTING  
☐ 14. NO REACHING OVER SHOULDER  
☐ 15. NO FOOD SERVICE  
☐ 16. NO REPETITIVE USE OF HANDS  
☒ 17. NO WALKING ON WET UNEVEN SURFACE  
☐ 18. DO NOT ASSIGN TO MEDICAL  
☐ 19. NO WORK IN DIRECT SUNLIGHT  
☐ 20. NO TEMPERATURE EXTREMES  
☐ 21. NO HUMIDITY EXTREMES  
☐ 22. NO EXPOSURE TO ENVIRONMENTAL POLL  
☐ 23. NO WORK WITH CHEMICALS OR IRRITAT  
☐ 24. NO WORK REQUIRING SAFETY BOOTS  
☐ 25. NO WORK AROUND MACHINES WITH MOV  
☐ 26. NO WORK EXPOSURE TO LOUD NOISES  
☐ 27. NO WORK REQUIRING COMPLEX INSTRU

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS  
☒ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION  
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☒ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☐ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. EMS AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

BARRY RAFF, MD HEALTH AUT 03/14/2003  
 PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER



JSA8830 /CLM1/HS09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATION

02

NAME: MCCOLLUM, LARRY GENE  
TDCJ#: 01105538 SID#: 03950494  
UNIT: CL HOUSING: J1-016  
JOB: JC UTILITY WORK SQUAD 05DOB: 04/04/1953 P U L H E S  
WGT: 290 LBS  
HGT: 0'00" 13!112!111113!  
!E!A!B!A!A!N!  
!P! !P! ! !T!  
-----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☐ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
 SUITABLE FOR TRUSTEE CAMP ASSIGNMENT?X  
 SUITABLE FOR SAIP FACILITY? X

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
 PATIENT WITH LIKE MEDICAL CONDITION  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- ☐ 1. NO RESTRICTION  
☒ 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED  
☐ 2. PSYCHIATRICAL UNASSIGNED  
☐ 3. SEDENTARY WORK ONLY  
☐ 4. FOUR HOUR WORK RESTRICTION  
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION  
☐ 6. EXCUSE FROM SCHOOL  
☒ 7. LIMITED STANDING  
☒ 8. NO WALKING > 800 YARDS  
☒ 9. NO LIFTING > 025 LBS.  
☐ 10. NO BENDING AT WAIST  
☐ 11. NO SQUATTING  
☒ 12. NO CLIMBING  
☐ 13. LIMITED SITTING  
☐ 14. NO REACHING OVER SHOULDER  
☐ 15. NO FOOD SERVICE  
☐ 16. NO REPETITIVE USE OF HANDS  
☒ 17. NO WALKING ON WET UNEVEN SURFACE  
☐ 18. DO NOT ASSIGN TO MEDICAL  
☐ 19. NO WORK IN DIRECT SUNLIGHT  
☐ 20. NO TEMPERATURE EXTREMES  
☐ 21. NO HUMIDITY EXTREMES  
☐ 22. NO EXPOSURE TO ENVIRONMENTAL POL.  
☐ 23. NO WORK WITH CHEMICALS OR IRRITA  
☐ 24. NO WORK REQUIRING SAFETY BOOTS  
☐ 25. NO WORK AROUND MACHINES WITH MOV  
☐ 26. NO WORK EXPOSURE TO LOUD NOISES  
☐ 27. NO WORK REQUIRING COMPLEX INSTRU

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS  
☐ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY  
☒ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☒ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☐ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. EMS AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

BARRY RAFF, M.D. HEALTH AUT 02/28/2003  
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER



JSA8830 /CLM1/HS09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATION

02

NAME: MCCOLLUM, LARRY GENE  
TDCJ#: 01105538 SID#: 03950494  
UNIT: CL HOUSING: X-11  
JOB: JC TRANSIENTDOB: 04/04/1953 P H L H E S  
WGT: 290 LBS -----  
HGT: 0'00" !3!1!2!1!1!3!  
!E!A!R!A!A!N!  
!P! !P! ! !T!  
-----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☐ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? ☒  
SUITABLE FOR SAIP FACILITY? ☒

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
PATIENT WITH LIKE MEDICAL CONDITION  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- ☐ 1. NO RESTRICTION  
☐ 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED  
☐ 2. PSYCHIATRICALY UNASSIGNED  
☐ 3. SEDENTARY WORK ONLY  
☐ 4. FOUR HOUR WORK RESTRICTION  
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION  
☐ 6. EXCUSE FROM SCHOOL  
☐ 7. LIMITED STANDING  
☐ 8. NO WALKING > 800 YARDS  
☐ 9. NO LIFTING > 025 LBS.  
☐ 10. NO BENDING AT WAIST  
☐ 11. NO SQUATTING  
☐ 12. NO CLIMBING  
☐ 13. LIMITED SITTING  
☐ 14. NO REACHING OVER SHOULDER

- ☐ 15. NO FOOD SERVICE  
☐ 16. NO REPETITIVE USE OF HANDS  
☐ 17. NO WALKING ON WET UNEVEN SURFACE  
☐ 18. DO NOT ASSIGN TO MEDICAL  
☐ 19. NO WORK IN DIRECT SUNLIGHT  
☐ 20. NO TEMPERATURE EXTREMES  
☐ 21. NO HUMIDITY EXTREMES  
☐ 22. NO EXPOSURE TO ENVIRONMENTAL POL.  
☐ 23. NO WORK WITH CHEMICALS OR IRRITA  
☐ 24. NO WORK REQUIRING SAFETY BOOTS  
☐ 25. NO WORK AROUND MACHINES WITH MOV  
☐ 26. NO WORK EXPOSURE TO LOUD NOISES  
☐ 27. NO WORK REQUIRING COMPLEX INSTRU

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☐ A. NO RESTRICTIONS  
☐ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY  
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☒ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☐ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. EMS AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

APPENDIX 1420

McCollum 05736

BILLY D. BURLISON PSYCH 02/20/2003

PRINTED NAME AND DATE OF REVIEW



JSA8830 /CLM1/HS09

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATION

NAME: MCCOLLUM, LARRY GENE  
TDCJ#: 01105538 SID#: 03950494  
UNIT: CL HOUSING: J7-044  
JOB: JC UTILITY WORK SQUAD 05

DOB: 04/04/1953  
WGT: 290 LBS  
HGT: 0'00"

P U L L H E S  
-----  
!3!1!2!1!1!1!3!  
!E!A!B!A!A!N!  
!P! !P! ! !T!  
-----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☐ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
SUITABLE FOR TRUSTEE CAMP ASSIGNMENT?  
SUITABLE FOR SAIP FACILITY?

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
PATIENT WITH LIKE MEDICAL CONDITION  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- ☐ 1. NO RESTRICTION  
30 ☐ 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED  
☐ 2. PSYCHIATRICAL UNASSIGNED  
☐ 3. SEDENTARY WORK ONLY  
☐ 4. FOUR HOUR WORK RESTRICTION  
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION  
☐ 6. EXCUSE FROM SCHOOL  
30 ☐ 7. LIMITED STANDING  
30 ☐ 8. NO WALKING > 800 YARDS  
30 ☐ 9. NO LIFTING > 025 LBS.  
☐ 10. NO BENDING AT WAIST  
☐ 11. NO SQUATTING  
30 ☐ 12. NO CLIMBING  
☐ 13. LIMITED SITTING  
☐ 14. NO REACHING OVER SHOULDER

- ☐ 15. NO FOOD SERVICE  
☐ 16. NO REPETITIVE USE OF HANDS  
30 ☐ 17. NO WALKING ON WET UNEVEN SURFACE  
☐ 18. DO NOT ASSIGN TO MEDICAL  
☐ 19. NO WORK IN DIRECT SUNLIGHT  
30 ☐ 20. NO TEMPERATURE EXTREMES  
00 ☐ 21. NO HUMIDITY EXTREMES  
☐ 22. NO EXPOSURE TO ENVIRONMENTAL POLL  
☐ 23. NO WORK WITH CHEMICALS OR IRRITAI  
☐ 24. NO WORK REQUIRING SAFETY BOOTS  
☐ 25. NO WORK AROUND MACHINES WITH MOV  
☐ 26. NO WORK EXPOSURE TO LOUD NOISES  
☐ 27. NO WORK REQUIRING COMPLEX INSTRUC

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☒ A. NO RESTRICTIONS  
☐ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION  
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☒ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☐ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. EMS AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

HARRY RAFF, M.D. HEALTH APT 01/23/2003  
PRINTED NAME AND TITLE OF REVIEWER DATE

SIGNATURE OF REVIEWER

HSM-18 (REV. 07/01)



JSA8830 /CLM1/HS05

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATION

OF

NAME: MCCOLLUM, LARRY GENE  
TDCJ#: 01105538 SID#: 03950494  
UNIT: CL HOUSING: J7-044  
JOB: JC UTILITY WORK SQUAD 05

DOB: 04/04/1953 P U L H E S  
WGT: 290 LBS -----  
HGT: 0'00" 13!112!11113!  
1E1A1B1A1A1N!  
1P! 1P! ! 1T!  
-----

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☐ D. PSYCHIATRIC CARE FACILITY

- ☐ E. BARRIER-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
SUITABLE FOR TRUSTEE CAMP ASSIGNMENT?X  
SUITABLE FOR SAIP FACILITY? X

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
PATIENT WITH LIKE MEDICAL CONDITION  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- ☐ 1. NO RESTRICTION  
00 2. LOWER ONLY

## C. ROW ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- |  |  |
|--|--|
| <input type="checkbox"/> 1. MEDICALLY UNASSIGNED               | <input type="checkbox"/> 15. NO FOOD SERVICE                   |
| <input type="checkbox"/> 2. PSYCHIATRICAL UNASSIGNED           | <input type="checkbox"/> 16. NO REPETITIVE USE OF HANDS        |
| <input type="checkbox"/> 3. SEDENTARY WORK ONLY                | 00 17. NO WALKING ON WET UNEVEN SURFACE                        |
| <input type="checkbox"/> 4. FOUR HOUR WORK RESTRICTION         | <input type="checkbox"/> 18. DO NOT ASSIGN TO MEDICAL          |
| <input type="checkbox"/> 5. FOUR HOUR LIMITED WORK RESTRICTION | <input type="checkbox"/> 19. NO WORK IN DIRECT SUNLIGHT        |
| <input type="checkbox"/> 6. EXCUSE FROM SCHOOL                 | 00 20. NO TEMPERATURE EXTREMES                                 |
| 00 7. LIMITED STANDING   | 00 21. NO HUMIDITY EXTREMES                                    |
| 00 8. NO WALKING > 800 YARDS                                   | <input type="checkbox"/> 22. NO EXPOSURE TO ENVIRONMENTAL POL. |
| 00 9. NO LIFTING > 025 LBS.                                    | <input type="checkbox"/> 23. NO WORK WITH CHEMICALS OR IRRITA  |
| <input type="checkbox"/> 10. NO BENDING AT WAIST               | <input type="checkbox"/> 24. NO WORK REQUIRING SAFETY BOOTS    |
| <input type="checkbox"/> 11. NO SQUATTING                      | <input type="checkbox"/> 25. NO WORK AROUND MACHINES WITH MOV  |
| 00 12. NO CLIMBING   | <input type="checkbox"/> 26. NO WORK EXPOSURE TO LOUD NOISES   |
| <input type="checkbox"/> 13. LIMITED SITTING                   | <input type="checkbox"/> 27. NO WORK REQUIRING COMPLEX INSTRU  |
| <input type="checkbox"/> 14. NO REACHING OVER SHOULDER         |  |

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☒ A. NO RESTRICTIONS  
☐ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY  
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☒ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☐ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. EMS AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

BARRY RAFF, MD HEALTH ATH 08/26/2002  
PRINTED NAME AND TITLE OF REVIEWER DATE

APPENDIX 1422

\_\_\_\_\_  
SIGNATURE OF REVIEWER  
McCollum 05738



06/17/2016

06/17/2016 10:00 AM  
 06/17/2016 10:00 AM

06/17/2016  
 07/02/2016

NAME: MCCOLLUM, LARRY SEAN

FOIA: 0105838 SIGN: 0050494

UNIT: 60 FACILITY: KAC-MOON

STG: 60 MASON PROCESSING

DOB: 04/04/1951

P O L H E S

WGT: 270 LB

HGT: 5'00"

03/12/11/13

03/12/11/13

03/12/11/13

I. PHASE OF ASSIGNMENT (CHECK ONE)

☒ A. NO RESTRICTION

☐ B. REGIONAL MEDICAL FACILITY

☐ C. EXTENDED CARE FACILITY

☐ D. PSYCHIATRIC CARE FACILITY

☐ E. WORK-FREE FACILITY

☐ F. SIMPLE LEVEL FACILITY

SUITABLE FOR TRUSTEE CAMP ASSIGNMENT? YES ☐ NO ☐

SUITABLE FOR SAIP FACILITY? (YES ☐ NO ☐

II. HOUSING ASSIGNMENT

A. BASIC HOUSING (CHECK ONE)

☒ 1. NO RESTRICTION

☐ 2. SINGLE CELL ONLY

☐ 3. DOUBLE CELL ONLY

☐ 4. SPECIAL HOUSING (HOUSING WITH  
 PATIENT WITH LIKE MEDICAL CONDITION)

☐ 5. CELL BLOCK ONLY

B. ROOM ASSIGNMENT (CHECK ONE)

☐ 1. NO RESTRICTION

☐ 2. LOWER ONLY

C. ROW ASSIGNMENT (CHECK ONE)

☒ 1. NO RESTRICTION

☐ 2. SECOND FLOOR ONLY

III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

☐ 1. MEDICALLY UNASSIGNED

☐ 2. PSYCHIATRICALLY UNASSIGNED

☐ 3. SECONDARY WORK ONLY

☐ 4. FOUR HOUR WORK RESTRICTION

☐ 5. FOUR HOUR LIMITED WORK RESTRICTION

☐ 6. EXCUSE FROM SCHOOL

☐ 7. LIMITED STANDING

☐ 8. NO WALKING - 300 YARDS

☐ 9. NO LIFTING 10% LBS.

☐ 10. NO BENDING AT WAIST

☐ 11. NO SQUATTING

☐ 12. NO CLIMBING

☐ 13. LIMITED SITTING

☐ 14. NO READING OVER SHOULDER

☐ 15. NO FOOD SERVICE

☐ 16. NO REPETITIVE USE OF HANDS

☐ 17. NO WALKING ON WET UNFINISHED SURFACES

☐ 18. NO POT ASSIGN TO MEDICAL

☐ 19. NO WORK IN DIRECT SUNLIGHT

☐ 20. NO TEMPERATURE EXTREMES

☐ 21. NO HUMIDITY EXTREMES

☐ 22. NO EXPOSURE TO ENVIRONMENTAL POLLUTANTS

☐ 23. NO WORK WITH CHEMICALS OR IRRITANTS

☐ 24. NO WORK REQUIRING SAFETY HOOTS

☐ 25. NO WORK AROUND MACHINES WITH MOVING PARTS

☐ 26. NO WORK EXPOSURE TO LOUD NOISES

☐ 27. NO WORK REQUIRING COMPLEX INSTRUCTIONS

IV. DISCIPLINARY PROCESS (CHECK ONE)

☒ A. NO RESTRICTIONS

☐ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

☒ A. NO RESTRICTION

☐ B. MEDICAL REPRESENTATIVE REQUIRED

☐ C. PSYCH REPRESENTATIVE REQUIRED

VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

☒ A. NO RESTRICTION

☐ B. VEHICLE AVAILABLE

☐ C. MEDICAL VAN

☐ D. VAN (SOUTHERN REGION ONLY)

BY: [Signature] DATE: 06/17/2016

APPROVE NAME AND TITLE OF REVIEWER: [Signature]

SIGNATURE OF REVIEWER

06/17/2016



MCCLUM, LARRY GENE

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
HEALTH SUMMARY FOR CLASSIFICATIONMCCLUM, LARRY GENE  
07/03/2000NAME: MCCLUM, LARRY GENE  
ID#: 01103838 SID#: 03450494  
UNIT: RD HOUSING: K40-0058  
JOB: JC UNASSGN PROCESSINGDOB: 04/04/1953 P.O. # 11111111  
WGT: 290 LBS  
HGT: 6'00"  
111111111111  
111111111111  
111111111111

## I. UNIT OF ASSIGNMENT (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. REGIONAL MEDICAL FACILITY  
☐ C. EXTENDED CARE FACILITY  
☐ D. PSYCHIATRIC CARE FACILITY  
☐ E. BARRICA-FREE FACILITY  
☐ F. SINGLE LEVEL FACILITY  
 SUITABLE FOR PRISONER CAMP ASSIGNMENT? YES \_\_\_ NO \_\_\_  
 SUITABLE FOR SAIP FACILITY? X YES \_\_\_ NO \_\_\_

## II. HOUSING ASSIGNMENT

## A. BASIC HOUSING (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. SINGLE CELL ONLY  
☐ 3. DOUBLE CELL ONLY  
☐ 4. SPECIAL HOUSING (HOUSING WITH  
 PATIENT WITH LIKE MEDICAL CONDITION)  
☐ 5. CELL BLOCK ONLY

## B. BUNK ASSIGNMENT (CHECK ONE)

- ☐ 1. NO RESTRICTION  
☒ 2. LOWER ONLY

## C. ROOM ASSIGNMENT (CHECK ONE)

- ☒ 1. NO RESTRICTION  
☐ 2. GROUND FLOOR ONLY

## III. WORK ASSIGNMENT/RESTRICTIONS (CHECK ALL THAT APPLY)

- ☐ 1. MEDICALLY UNASSIGNED  
☐ 2. PSYCHIATRICAL UNASSIGNED  
☒ 3. SEDENTARY WORK ONLY  
☒ 4. FOUR HOUR WORK RESTRICTION  
☐ 5. FOUR HOUR LIMITED WORK RESTRICTION  
☐ 6. EXCUSE FROM SCHOOL  
☒ 7. LIMITED STAMMING  
☒ 8. NO WALKING > 500 YARDS  
☒ 9. NO LIFTING > 25 LBS.  
☐ 10. NO BENDING AT WAIST  
☐ 11. NO SQUATTING  
☒ 12. NO CLIMBING  
☐ 13. LIMITED SITTING  
☐ 14. NO REACHING OVER SHOULDER  
☐ 15. NO FOOD SERVICE  
☐ 16. NO REPETITIVE USE OF HANDS  
☒ 17. NO WALKING ON WET UNEVEN SURFACES  
☐ 18. DO NOT ASSIGN TO MEDICAL  
☐ 19. NO WORK IN DIRECT SUNLIGHT  
☒ 20. NO TEMPERATURE EXTREMES  
☒ 21. NO HUMIDITY EXTREMES  
☐ 22. NO EXPOSURE TO ENVIRONMENTAL POLLUTANTS  
☐ 23. NO WORK WITH CHEMICALS OR IRRITANTS  
☐ 24. NO WORK REQUIRING SAFETY BOOTS  
☐ 25. NO WORK AROUND MACHINES WITH MOVING PARTS  
☐ 26. NO WORK EXPOSURE TO LOUD NOISES  
☐ 27. NO WORK REQUIRING COMPLEX INSTRUCTIONS

## IV. DISCIPLINARY PROCESS (CHECK ONE)

- ☒ A. NO RESTRICTIONS  
☐ B. CONSULT REPRESENTATIVE OF MENTAL HEALTH DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION  
☐ C. CONSULT REPRESENTATIVE OF MEDICAL DEPARTMENT BEFORE TAKING DISCIPLINARY ACTION

## V. INDIVIDUALIZED TREATMENT PLAN (CHECK ALL THAT APPLY)

- ☒ A. NO RESTRICTION  
☐ B. MEDICAL REPRESENTATIVE REQUIRED  
☐ C. PSYCH REPRESENTATIVE REQUIRED

## VI. TRANSPORTATION RESTRICTIONS (CHECK ONE)

- ☒ A. NO RESTRICTION  
☐ B. TWO AMBULANCE  
☐ C. WHEELCHAIR VAN  
☐ D. VAN (SOUTHERN REGION ONLY)

P. #111111111111  
APPROVED NAME AND TITLE OF REVIEWER DATE 07/03/2000

SIGNATURE OF REVIEWER

MOR-10000-10-001

APPENDIX 1424

McCollum 05740



# NURSING ASSESSMENT PROTOCOL FOR MUSCULOSKELETAL SYMPTOMS

Name: McCollum, Larry TDCJ#: 1105538 Date: 5/17/03 Time: 1048  
 Facility of Assignment: Colc Work Assignment: Hoc  
 Current Medications: Naproxen / Zofran / Valproic / Benadryl / Fluoxetine  
 Allergies: (Food, drug, other) 0

Circle all items that are appropriate and/or complete all blanks.

## SUBJECTIVE DATA

1. Significant medical history: PMH CLBP
2. Pain: Back, Knee, Shoulder  
 Location \_\_\_\_\_ Onset \_\_\_\_\_  
 Frequency \_\_\_\_\_ Duration \_\_\_\_\_  
 Radiation \_\_\_\_\_ Where: \_\_\_\_\_  
 Intensity: Mild Moderate Severe
3. Precipitating factors: Working, climbing
4. Recent trauma? ☒ N ☐ Y  
 Surgery? ☒ N ☐ Y  
 Strenuous Physical Activity? ☒ N ☐ Y
5. History similar problem? ☒ N ☐ Y  
 What was done then? Med
6. History of arthritis? ☒ N ☐ Y
7. Family history: N/A

3. Movement: Normal Guarded
4. Posture: Normal Erect Guarded  
Tilts to right Tilts to left  
Sits easily Sits w/difficulty
5. Gait: Normal Limp Guarded
6. Peripheral Pulses: N/A  

	Right	Left
Radial	Present	Present
	Absent	Absent
Dorsalis Pedis	Present	Present
	Absent	Absent
7. Dipstick UA: N/A  

Leukocytes	Nitrites
Urobilinogen	Protein
pH	Blood
Sp. Gr.	Ketones
Bilirubin	Glucose

Comments: offender states "still have the same problem that I had when I had restrictions"

## OBJECTIVE DATA wt. 230

1. T 96.5 P 46 R 20 B/P 130/25
2. Joints: Normal Stiffness Redness  
 Hot Swelling  
 Range of Motion: Affected Joint(s)  

	Full	Limited	Absent
Right Leg	_____	_____	_____
Left Leg	_____	_____	_____
Right Arm	_____	_____	_____
Left Arm	_____	_____	_____
Neck	_____	_____	_____
Back:			
Anteflexion	_____	_____	_____
Dorsiflexion	_____	_____	_____
L. Lat Flexion	_____	_____	_____
R Lat. Flexion	_____	_____	_____

## NURSING ACTION:

If based upon your collection of the above data, a registered nurse's professional judgement is required or you have any question about how to proceed, you must consult with a registered nurse while the patient is still on site. Otherwise, proceed with protocol.

Refer to Physician/Midlevel Practitioner if:

- Acute onset with loss of motion or function.
- Difficulty walking, numbness or severe pain, accompanying abdominal pain, abnormal vital signs, dark or bloody urine, temperature greater 101°F.
- Suspected fracture.



## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISIONName: McCollum Larry  
TDCJ No.: 1105538  
Unit: Cole

Date & Time	Notes
5-12-03/0745/HSA9	Rec today/ Restrictions have been lifted for some reasons - You do not have no restrictions <i>Offensive &amp; only</i>
5-14-03 720	1-60 Rec'd 5/14/03 requesting Rxs be renewed that are expiring Chart to provider <i>DR Phillips R</i>
5-16-03 chart time 8	5/16/03/0745/HSA-9 rec'd today "Back pain, shoulder pain, and check on my restrictions" Rg Schedule Mc 5-17-03 - V. W. H. Clark
5/16/03	that Rec 1) His restrictions have been checked and are exactly as order (ie none) 2) He has no Rx (meds) as per in the next 4 days. P. no new words
5/16/03 1136	noted - <i>amander</i>

BARRY RAFF MD

1146AM  
PM

MAY 16 2003



## CLINIC NOTES

TEXAS DEPARTMENT OF CRIMINAL JUSTICE  
INSTITUTIONAL DIVISIONName: McCollum, Larry  
TDCJ No.: 1105538  
Unit: CL

Date & Time	Notes
3/11/03 1415	USA Rec'd 3/11/03 9/0 cracks on feet Scheduled NSC 3/12/03 ——— DPhillipsR
3/12/03 1415	Change HSM-18, Add IV-B. Remove IV-C. BILLY D. BURLESON, PSY. D. <del>ADD</del>
3/12/03 1415	notes ——— DPhillipsR
3/12/03/1600	Admonitory strikes BPD x 7 days. ea foot. T/O Raff MD / Watkins L/V sign
3/12/03/1608	note off. <del>AM 3/12/03 11w</del> 899520182892 Watkins L/V
3/14/03	cht Rew last seen by us 4/21/03 last heard LIFING WB 2/2 3/6/03.
3/14/03	A good evidence of injury LBP P HSM 18 No T/O, W 7, T/O 9 - 50 lb BARRY RAFF MD AM PM
3-14-03/1210	notes Denanda 9

Please sign each entry with status.

APPENDIX 1427

McCollum 05801



**UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF TEXAS  
HOUSTON DIVISION**

**STEPHEN MCCOLLUM, *et al.*,**  
*Plaintiffs,*

**v.**

**BRAD LIVINGSTON, *et al.*,**  
*Defendants.*

§  
§  
§  
§  
§  
§  
§  
§  
§

**CIVIL NO. 4:14-CV-3253**

**Exhibit 47**